

JAELEE LAW, P.C.
ATTORNEYS AT LAW

JAE E. LEE**

MARTIN S. CEDZIDLO + ♦
Certified Civil Trial Attorney

SHANE A. SULLIVAN*

PASHA RAZI*

JENNIFER JOO

GIOVANNA R. GIAMPA

CHRISTINA M. COOMBE***

Please reply to:
NEW JERSEY

2050 Center Avenue, Suite 120
Fort Lee, NJ 07024 - Main Office
Tel. 201.346.3800 Fax. 201.346.3822

NEW YORK
164-01 Northern Blvd., 2nd Fl.
Flushing, New York 11358
Tel. 718.423.2400 Fax. 718.423.2477

RECEIVED

APR 13 2022

LEGAL DEPARTMENT



+ Certified By The Supreme Court Of
New Jersey As A Civil Trial Attorney

♦ Certified By The National Board Of
Trial Advocacy As A Civil Trial Advocate

*NJ & NY BARS

**NJ & PA BARS

***Of Counsel

April 6, 2022

Via Certified Mail: 7021-2720-0000-2995-3380
New Jersey CVS Pharmacy LLC
1 CVS Drive, Box 1075
Woonsocket, RI 02895

Re: Jennifer Moleen-Ferraro v. CVS, et. al.
Docket No.: UNN-L-1032-22

Dear Sir or Madam:

Enclosed herewith please find a copy of Summons, along with the Complaint, for service upon the defendant(s), **New Jersey CVS Pharmacy LLC**, with respect to the above captioned matter.

Kindly serve the defendant(s) as indicated on the Summons and return the service of process to me.

In addition, please be advised if a skip trace is required kindly perform a skip trace and effectuate service upon the defendant.

Thank you for your attention to this matter.

Very truly yours,

/s/ Jennifer Joo

Jennifer Joo

JJ:ga
Enclosure

JAE LEE LAW, P.C.
By: Jennifer Joo, Esq.
2050 Center Avenue, Suite 120
Fort Lee, New Jersey 07024
Telephone No.: (201) 346-3800
Facsimile No.: (201) 346-3822
New Jersey Attorney ID: 342182020
Attorneys for Plaintiffs, *Jennifer Moleen-Ferraro*

JENNIFER MOLEEN-FERRARO,	:	SUPERIOR COURT OF NEW JERSEY
<i>Plaintiff,</i>	:	LAW DIVISION: BERGEN COUNTY
vs.	:	DOCKET NO.: UNN-L-1032-22
NEW JERSEY CVS PHARMACY LLC, CVS HEALTH,	:	CIVIL ACTION
RENWAL OF FLA INC%ECOVA, INC-MS 363,	:	
"JOHN DOES 1-5", and "ABC COMPANIES 1-5",	:	
(both being fictitious designations),	:	SUMMONS
<i>Defendants.</i>	:	

THE STATE OF NEW JERSEY, TO THE ABOVE NAMED DEFENDANT(S):

New Jersey CVS Pharmacy LLC

THE PLAINTIFF, named above has filed a lawsuit against you in the Superior Court of New Jersey. The Complaint attached to this Summons states the basis for this lawsuit. If you dispute this Complaint, you or your attorney must file a written Answer or Motion and proof of Service with the deputy clerk of the Superior Court in the County listed above within 35 days from the date you received this Summons, not counting the date you received it. If the Complaint is one in foreclosure, then you must file your written Answer or Motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, CN-971, Trenton, NJ 08625. A \$135.00 filing fee payable to the Clerk of the Superior Court and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your Answer or Motion when it is filed. You must also send a copy of your Answer or Motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written Answer or Motion (with fee and complete case Information Statement), if you want the Court to hear your defense.

If you do not file and serve a written Answer or Motion within 35 days, the Court may enter a Judgment against you for the relief of plaintiff's demands, plus interest and costs of suit. If judgment is entered against you the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford to pay an attorney, you may call the Legal Services Office in the county where you live. A list of these offices is provided. If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling the Lawyer Referral Services. A list of these numbers is also provided.

/s/ Donald F. Phelan, Clerk
DONALD F. PHELAN, CLERK

Dated: April 6, 2022

Name and Address of Defendant:

**New Jersey CVS Pharmacy LLC
1 CVS Drive, Box 1075
Woonsocket, RI 02895**

JAE LEE LAW, P.C.
By: Jennifer Joo, Esq.
2050 Center Avenue, Suite 120
Fort Lee, New Jersey 07024
Telephone No.: (201) 346-3800
Facsimile No.: (201) 346-3822
New Jersey Attorney ID: 342182020
Attorneys for Plaintiffs, *Jennifer Moleen-Ferraro*

JENNIFER MOLEEN-FERRARO,	:	SUPERIOR COURT OF NEW JERSEY
	:	LAW DIVISION: UNION COUNTY
<i>Plaintiff,</i>	:	
vs.	:	DOCKET NO.: UNN-L-
NEW JERSEY CVS PHARMACY LLC, CVS	:	CIVIL ACTION
HEALTH, RENWAL OF FLA INC%ECOVA,	:	
INC-MS 363, "JOHN DOES 1-5", and "ABC	:	
COMPANIES 1-5",	:	
(both being fictitious designations),	:	
<i>Defendants.</i>	:	

COMPLAINT and JURY DEMAND

Plaintiff, Jennifer Moleen-Ferraro, residing at 320 Trotting Road, in Township of Union, County of Union, State of New Jersey, by way of Complaint against the Defendants, says:

FIRST COUNT

1. On or about May 21, 2021, Plaintiff, Jennifer Moleen-Ferraro, was lawfully upon the premises located at New Jersey CVS Pharmacy LLC, on 1319 Magie Avenue, in the Township of Union, County of Union, in the State of New Jersey.
2. At the aforesaid time and place, the premises were owned, operated, maintained and/or controlled, as owner, landlord, lessee and/or lessor by Defendants, New Jersey CVS Pharmacy LLC, CVS Health, RENWAL OF FLA INC%ECOVA, INC-MS 363, "JOHN DOES 1-5" and/or "ABC

COMPANIES 1-5", (fictitious name for individuals whether individually, partnerships or corporations who may be responsible).

3. At the aforesaid time and place, Defendants, New Jersey CVS Pharmacy LLC, CVS Health, RENWAL OF FLA INC%ECOVA, INC-MS 363, "JOHN DOES 1-5" and/or "ABC COMPANIES 1-5", (fictitious names for individuals whether individually, partnerships or corporations who may be responsible), through its agents, servants, and/or employees had a duty to Plaintiff and persons such as Plaintiff, to keep and maintain the premises in a safe and proper condition and free and clear of any and all hazardous and dangerous conditions and disrepairs which would endanger the safety of Plaintiff and person such as Plaintiff.

4. At the aforesaid time and place, Defendants so negligently and carelessly owned, operated, maintained and/or controlled the subject premises in such a way so as to cause Plaintiff, Jennifer Moleen-Ferraro, to become injured due to the presence of a hazardous and dangerous condition on such premises.

5. Defendants above disregarded its duty aforesaid and negligently and carelessly allowed its premises to be improperly, dangerously and palpably unreasonably maintained and to remain in an unsafe and dangerous condition in allowing said hazardous and dangerous condition to exist on its premises, all of which Defendants had due notice or by reasonable inspection thereof, would have had due notice.

6. That at all times hereinafter mentioned, the said Defendants had actual notice and/or constructive notice of said hazardous and dangerous condition and/or by reasonable inspection thereof, would have had due notice of the hazardous and dangerous condition existing.

7. As a result of the aforesaid carelessness and negligence of Defendants, Plaintiff suffered severe and permanent injuries; was disabled and disfigured; has suffered and will continue to suffer great pain and torment, both mental and physical.

8. As a further result of Defendants' aforesaid negligence and the injuries thereby caused to Plaintiff, Plaintiff has been and will be in the future compelled to spend great and diverse sums of money for medical aid and treatment and has been and will be prevented from attending to the usual occupation, duties, activities and business.

WHEREFORE, Plaintiff, Jennifer Moleen-Ferraro, demands judgment against Defendants, New Jersey CVS Pharmacy LLC, CVS Health, RENWAL OF FLA INC%ECOVA, INC-MS 363, "JOHN DOES 1-5" and/or "ABC COMPANIES 1-5", (fictitious names for individuals whether individually, partnerships or corporations who may be responsible), for damages, together with interest and costs of suit.

SECOND COUNT

1. Plaintiff repeats and allegations of the First Count of the Complaint as if set forth at length herein.

2. Plaintiff reserves the right to amend the Complaint to substitute the names of the actual business entity or individual for the fictitious name "JOHN DOES 1-5" and/or "ABC COMPANIES 1-5", (fictitious names for individuals whether individually, partnerships or corporations who may be responsible), should it be determined that other persons or entities are responsible for the condition which caused the incident complained of.

WHEREFORE, Plaintiff, Jennifer Moleen-Ferraro, demands judgment against Defendants, New Jersey CVS Pharmacy LLC, CVS Health, RENWAL OF FLA INC%ECOVA, INC-MS 363, "JOHN DOES 1-5" and/or "ABC COMPANIES 1-5", (fictitious names for individuals whether individually, partnerships or corporations who may be responsible), for damages, together with interest and costs of suit.

JURY DEMAND

Plaintiff demands a trial by jury on all issues so triable.

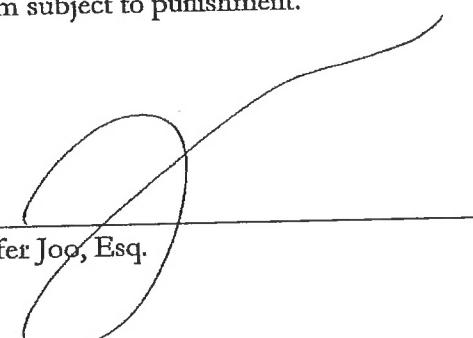
DESIGNATION of TRIAL COUNSEL

Pursuant of Rule 4:5-1(c), Shane A. Sullivan., Esq. is hereby designated as Trial Counsel.

CERTIFICATION

I hereby certify that this matter is not the subject of any other action pending in any court or arbitration proceeding, that no such other action or arbitration proceeding is contemplated by this Plaintiff, and that there are no other parties, whom, to the knowledge of Plaintiff(s)' counsel, should be joined in this action.

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.


Jennifer Joo, Esq.

Date: March 23, 2022

UNION COUNTY SUPERIOR COURT
2 BROAD STREET
CIVIL DIVISION
ELIZABETH NJ 07207

TRACK ASSIGNMENT NOTICE

COURT TELEPHONE NO. (908) 787-1650
COURT HOURS 8:30 AM - 4:30 PM

DATE: APRIL 05, 2022
RE: MOLEEN-FERRARO JENNIFER VS NEW JERSEY CVS PHARM
DOCKET: UNN L -001032 22

THE ABOVE CASE HAS BEEN ASSIGNED TO: TRACK 2.

DISCOVERY IS 300 DAYS AND RUNS FROM THE FIRST ANSWER OR 90 DAYS
FROM SERVICE ON THE FIRST DEFENDANT, WHICHEVER COMES FIRST.

THE PRETRIAL JUDGE ASSIGNED IS: HON JOHN G. HUDA

IF YOU HAVE ANY QUESTIONS, CONTACT TEAM 001
AT: (908) 787-1650 EXT 21493.

IF YOU BELIEVE THAT THE TRACK IS INAPPROPRIATE YOU MUST FILE A
CERTIFICATION OF GOOD CAUSE WITHIN 30 DAYS OF THE FILING OF YOUR PLEADING.
PLAINTIFF MUST SERVE COPIES OF THIS FORM ON ALL OTHER PARTIES IN ACCORDANCE
WITH R.4:5A-2.

ATTENTION:

ATT: JENNIFER JOO
JAE LEE LAW PC
2050 CENTER AVE STE 120
FORT LEE NJ 07024

ECOURTS



CITIZEN'S REPORT

RETURN OR MAIL TO:
TOWNSHIP OF UNION POLICE
981 CALDWELL AVENUE, UNION NJ 07083

OFFICIAL USE ONLY
CASE# 2021-2771
INCIDENT# 40089-21

TYPE OF INCIDENT BEING REPORTED (CHECK ONE):

<input type="checkbox"/> 1: THEFT (STOLEN PROPERTY - LESS THAN \$75,000)	<input type="checkbox"/> 8: NOISE COMPLAINT
<input type="checkbox"/> 2: ASSAULT (SIMPLE)	<input type="checkbox"/> 9: ANIMAL BITE
<input type="checkbox"/> 3: CRIMINAL MISCHIEF (PROPERTY DAMAGE)	<input type="checkbox"/> 10: ANIMAL COMPLAINT
<input type="checkbox"/> 4: MV ACCIDENT (LEAVING THE SCENE)	<input type="checkbox"/> 11: SUPP. REPORT (ORIGINAL CASE: _____)
<input type="checkbox"/> 5: LOST PROPERTY	<input type="checkbox"/> 12: SUSPICIOUS ACTS
<input type="checkbox"/> 6: HARASSMENT	<input type="checkbox"/> 13: DISPUTE
<input type="checkbox"/> 7: MV BURGLARY	<input checked="" type="checkbox"/> 14: OTHER (SPECIFY) <u>Injury</u>

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

VICTIM/COMPLAINTS INFORMATION

NAME Jennifer H. Moleen-Ferraro RACE W AGE 45 SEX Female
FIRST MIDDLE LAST

HOME ADDRESS 320 Trotting Rd. Union CITY NJ ZIP CODE 07083
NUMBER & STREET CITY STATE ZIP CODE

HOME TEL. # N/A CELL# 908-656-0558 OTHER _____

PERSON REPORTING INFORMATION

NAME Jennifer H. Moleen-Ferraro TIME REPORTED 6:15 AM PM DATE REPORTED 5/23/2021
FIRST MIDDLE LAST HOUR MINUTE AM/PM MONTH DAY YEAR

HOME ADDRESS 320 Trotting Rd Union CITY NJ ZIP CODE 07083
NUMBER & STREET CITY STATE ZIP CODE

HOME TEL. # CELL# 908-656-0558 OTHER _____

INCIDENT LOCATION

LOCATION OF INCIDENT: CVS Sidewalk to entrance 1319 Magie Av UND
UNIT
 TYPE OF PREMISES RESIDENCE BUSINESS OTHER (SPECIFY) 02/08/23

TIME AND DATE
 INCIDENT OCCURRED: OR OCCURRED BETWEEN AM PM May 21 2021
(BETWEEN A RANGE OF TWO DATES, OR
 AT A SPECIFIC TIME)
 AND: AM PM
OR OCCURRED AT: 1:48 AM PM

VICTIM'S/COMPLAINTS VEHICLE INFORMATION

MAKE MODEL BODY TYPE YEAR COLOR

LICENSE PLATE # STATE REGISTERED VIN. #

OFFICIAL USE ONLY BELOW, PLEASE FILL OUT REVERSE SIDE

REVIEWED BY
UPD 58 REV. 7/14

ID: 3089

DATE: 5-23-21

1 of 3

TOW UP OF UNION - POLICE DIVI

NARRATIVE

IV

Page 1 of 2

EXPLAIN BRIEFLY WHAT HAPPENED: (IF ADDITIONAL SPACE IS NEEDED ATTACH A SEPARATE PIECE OF PAPER)

I exited passenger side of vehicle, stepped onto curb / grassy area and proceeded to sidewalk. I stopped to assist my son with his face mask, put on my mask and turned to proceed along sidewalk. I tripped over a parking bumper which seemed to be torn from parking lot and fell on sidewalk. I fell onto my elbows and knees. I was unable to move. A passer-by called 911 for an ambulance. Several employees came out with manager (miguel). Manager took my

FD COMMUNICATIONS OPERATOR PLATE ENTERED BY

DATE: TIME:

PD COMMUNICATIONS OPERATOR PLATE ENTERED BY _____
LIST THE ITEMS STOLEN BELOW INCLUDE INFORMATION AS TO QUANTITY, MAKE, MODEL OWNER APPLIED NUMBERS (OAN), SERIAL
NUMBERS, DESCRIPTION OR ANY OTHER PERTINENT INFORMATION THAT WOULD SIMPLIFY IDENTIFYING THE STOLEN ARTICLES. LIST THE
CURRENT MARKET VALUE OF THE ARTICLE(S) STOLEN IF KNOWN, OR ESTIMATE VALUE AND TOTAL SAME. IF ADDITIONAL SPACE IS
NEEDED, USE ANOTHER VICTIM PROPERTY LOSS REPORT FORM AND ATTACH PAGE TO PAGE 1. NUMBER EACH PAGE AND INDICATE TOTAL
NUMBER OF PAGES. COMPLETE VICTIM IDENTIFICATION SECTION OF ALL PAGES.

NOTE: ANY PERSON WHO GIVES OR CAUSES TO BE GIVEN FALSE INFORMATION TO ANY LAW ENFORCEMENT OFFICER WITH RESPECT TO THE COMMISSION OF ANY CRIME OR INCIDENT IS GUILTY OF A FOURTH DEGREE CRIME UNDER THE NEW JERSEY CODE OF CRIMINAL JUSTICE (2C:28-4). FOURTH DEGREE CRIMES ARE PUNISHABLE BY A FINE OF NOT MORE THAN \$1,000.00 OR BY IMPRISONMENT FOR NOT MORE THAN 18 MONTHS, OR BOTH.

I AFFIRM THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF REPORTING PERSON

UE TO THE BEST OF MY KNOWLEDGE
Molee-Sewaiw

2 of 3

TOWNSHIP OF UNION - POLICE DIVISION
NARRATIVE

EXPLAIN BRIEFLY WHAT HAPPENED: (IF ADDITIONAL SPACE IS NEEDED ATTACH A SEPARATE PIECE OF PAPER)

Page 10 of 12

Name and phone number; called legal Dept
of CVS to file a claim - Claim # Incident
#402105 D046G0001 - Store # 4259.

Fire Dept Ambulance took me to Overlook Union campus ER on Galloping Hill Rd. I have several abrasions, left elbow fracture. My left shoulder and knee are in pain, as well as my chest and back muscles. I have photo documentation of the scene. The bumper was subsequently moved by 2 employees after the incident.

PD COMMUNICATIONS OPERATOR PLATE ENTERED BY

DATE: _____ TIME: _____

PD COMMUNICATIONS OPERATOR PLATE ENTERED BY _____
LIST THE ITEMS STOLEN BELOW INCLUDE INFORMATION AS TO QUANTITY, MAKE, MODEL, OWNER APPLIED NUMBERS (OAN), SERIAL
NUMBERS, DESCRIPTION OR ANY OTHER PERTINENT INFORMATION THAT WOULD SIMPLIFY IDENTIFYING THE STOLEN ARTICLES. LIST THE
CURRENT MARKET VALUE OF THE ARTICLES(S) STOLEN IF KNOWN, OR ESTIMATE VALUE AND TOTAL SAME. IF ADDITIONAL SPACE IS
NEEDED, USE ANOTHER VICTIM PROPERTY LOSS REPORT FORM AND ATTACH PAGE TO PAGE 1. NUMBER EACH PAGE AND INDICATE TOTAL
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I AFFIRM THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF REPORTING PERSON

TRUE TO THE BEST OF MY KNOWLEDGE
Mureen Sevan

3. f }



CITIZEN'S REPORT
RETURN OR MAIL TO:
TOWNSHIP OF UNION POLICE
981 CALDWELL AVENUE, UNION NJ 07083

CASE# 2021-2771
INCIDENT# 40089-2021

TYPE OF INCIDENT BEING REPORTED (CHECK ONE):

<input type="checkbox"/> 1: THEFT (STOLEN PROPERTY - LESS THAN \$75,000)	<input type="checkbox"/> 8: NOISE COMPLAINT
<input type="checkbox"/> 2: ASSAULT (SIMPLE)	<input type="checkbox"/> 9: ANIMAL BITE
<input type="checkbox"/> 3: CRIMINAL MISCHIEF (PROPERTY DAMAGE)	<input type="checkbox"/> 10: ANIMAL COMPLAINT
<input type="checkbox"/> 4: MV ACCIDENT (LEAVING THE SCENE)	<input type="checkbox"/> 11: SUPP. REPORT (ORIGINAL CASE: _____)
<input type="checkbox"/> 5: LOST PROPERTY	<input type="checkbox"/> 12: SUSPICIOUS ACTS
<input type="checkbox"/> 6: HARASSMENT	<input type="checkbox"/> 13: DISPUTE
<input type="checkbox"/> 7: MV BURGLARY	<input checked="" type="checkbox"/> 14: OTHER (SPECIFY) <u>ACG</u>

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

VICTIM/COMPLAINTS INFORMATION

NAME _____ <small>FIRST MIDDLE LAST</small>	RACE _____	AGE _____	SEX _____
--	------------	-----------	-----------

HOME ADDRESS _____ <small>NUMBER & STREET</small>	CITY _____	STATE _____	ZIP CODE _____
--	------------	-------------	----------------

HOME TEL. # _____	CELL # _____	OTHER _____
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PERSON REPORTING INFORMATION

NAME _____ <small>FIRST MIDDLE LAST</small>	TIME REPORTED _____	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	DATE REPORTED _____ <small>MONTH DAY YEAR</small>
--	---------------------	--	--

HOME ADDRESS _____ <small>NUMBER & STREET</small>	CITY _____	STATE _____	ZIP CODE _____
--	------------	-------------	----------------

HOME TEL. # _____	CELL# _____	OTHER _____
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INCIDENT LOCATION

LOCATION OF INCIDENT: _____

TYPE OF PREMISES	RESIDENCE <input type="checkbox"/>	BUSINESS <input type="checkbox"/>	<input type="checkbox"/> OTHER (SPECIFY) _____
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TIME AND DATE INCIDENT OCCURRED: (BETWEEN A RANGE OF TWO DATES, OR AT A SPECIFIC TIME)	<input type="checkbox"/> OCCURRED BETWEEN _____ AM <input type="checkbox"/> PM <input type="checkbox"/> _____	<input type="checkbox"/> AND: _____ AM <input type="checkbox"/> PM <input type="checkbox"/> _____	<input type="checkbox"/> OR OCCURRED AT: _____ AM <input type="checkbox"/> PM <input type="checkbox"/> _____	MONTH _____	DAY _____	YEAR _____
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VICTIM'S/COMPLAINTS VEHICLE INFORMATION

MAKE _____	MODEL _____	BODY TYPE _____	YEAR _____	COLOR _____
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LICENSE PLATE # _____	STATE REGISTERED _____	VIN. # _____
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OFFICIAL USE ONLY BELOW, PLEASE FILL OUT REVERSE SIDE

REVIEWED BY: [Signature]
UPD 58 REV. 7/14

ID: 30089

DATE: 5-23-21



ATTORNEYS AT LAW

2050 Center Avenue, Suite 120
Fort Lee, NJ 07024

New Jersey CVS Pharmacy LLC
1 CVS Drive, Box 1075
Woonsocket, RI 02895

02010000000000000000



CERTIFIED MAIL